

JOSEPH R. BIDEN, III ATTORNEY GENERAL

## DEPARTMENT OF JUSTICE 820 NORTH FRENCH STREET WILMINGTON, DELAWARE 19801

PHONE (800) 220-5424 FAX (302) 577-6499

## **APPLICATION FOR IDENTITY THEFT PASSPORT**

Please type	or print legibly.					
Name						
Prior Name		First		Middle		
	Last	Fi	rst	Middle		
Mailing Address						
Other	Street or PO Box		State	Zip code		
	Street or PO Box	City	State	Zip code		
Home Phone Work Phone						
Date of Birt	h	Plac	Place of Birth City State County			
Gender State Number	MaleFem	ale Drivers Li	Cit	y State	County	
		CRIME	INFORMATION	<u>ON</u>		
Date you di	scovered the theft _					
County and	State where theft oc	curred				
Law enforc	ement agency taking	police report				
Police report number			Date of police report			
Has the per	rson who stole your i	nformation be	en identified?	Yes	No	
If yes, susp	ect's name					

Has an arrest been made?	Yes	No	I don't know	
			tion you have that supports the crime e numbers of any accounts that have	
	low that the i	ce report of th	Lovided on this form is true and accurate is incident. I understand if I knowingly	
Applicant Signature				
Date:				
Please mail or fax this form to	Consum Carvel S 820 N. F	ent of Justice er Protection state Office Bu rench St., Fif- ton, DE 1980	uilding th Floor	
	Fax: (30	2) 577-6499		
For additional information call:			w Castle County or ssex and Kent Counties	